



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130-3597
(617) 983-6712 (617) 524-8062 - Fax

*Application for a Licensure to Operate a Water Vending Machine
in Accordance with M.G.L. C.94, § 309*

DIRECTIONS:

- Complete the entire two page application form.
- Submit a separate application for each location to be licensed.
- Attach a separate check for \$3.00 for each license application, made payable to:
COMMONWEALTH OF MASSACHUSETTS.

1. Business Name:

2. Telephone #: ()

Fax #: ()

Email Address: _____

3. D.B.A. (Doing Business As):

4. Mailing Address:

5. Vending Unit Location (if different from Mailing Address):

6a. Water Source: (check one)

Municipal _____ Spring _____ Well _____

6b. Water Source: PWS ID#: _____

Name of Source: _____

Location: _____

7. Vending Unit:

PWS ID#: _____ Model Name: _____ Model Number: _____

8. Manufacturer:

Name: _____ Address: _____ DEP New Technology #: _____

9. Water Treatment: (check all that apply) Water Softeners _____ Reverse Osmosis _____ Ozonation _____

Physical Filters _____ UV Disinfection _____ Carbon Filters _____ Distillers _____

Other _____ (please list)

10. Does the City/Town Fluoridate Drinking Water? Yes _____ No _____

Is Purification Conducted on Drinking Water? Yes _____ No _____

11. Bulk Water Transportation:

Name: _____ Address _____

Name of Certified Drinking Water Operator:

DEP Cert. #: _____ Expires: _____ DEP Certification Type: _____

(Over)

Ownership	Name	Address
13. Individual		_____ _____
14. Partnership	A. _____ B. _____	A. _____ _____ B. _____ _____
15. Corporation: A) President B) Treasurer C) Clerk	A. _____ B. _____ C. _____	A. _____ _____ B. _____ _____ C. _____ _____
16. If Applicant is a Corporation:	A) State of Incorporation:	B) Date of Incorporation:

I hereby certify that the above information is true to the best of my knowledge and that I will comply with all applicable laws and regulations of the Commonwealth of Massachusetts and the Department of Public Health pertaining to the activity for which I am applying. In addition, pursuant to M.G.L. C. 62C, § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____ Date _____ Owner or Corporate Officer

If applying as an Individual, your Social Security #: _____

Tax or Federal I.D.#: _____

APPLICATION FEE: \$3.00 per Vending Unit. Each unit requires a separate application form. No license issued pursuant to this application shall be transferred or assigned.

NOTE: Copies of the Massachusetts General Laws and the Code of Massachusetts Regulations may be obtained from the State House Bookstore located in Boston (617-727-2834), Fall River (508-646-1374) or Springfield (413-784-1376).

To obtain a Massachusetts Department of Environmental Protection (DEP) application package with all the necessary forms and instructions on how to apply for DEP permits, contact the DEP Infoline at (617-338-2255) or (800-462-0444).

For additional information, contact: DEP/Division of Water Supply
One Winter Street, 9th Floor
Boston, MA 02108
617-292-5770